

FILED MAY 15 1944 8

State File No.

Registration District No. 268

Primary Registration District No. 5764

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe City R.F.D. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 Days (Specify whether
In this community 9 Days years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY DURST

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased May 6 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 II 18 hr. min.

9. Birthplace Zurich Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Durst
13. Birthplace Zurich Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Ursula Bleece
15. Birthplace Zurich Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Durst
(b) Address Palmyra, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Junes Monroe City
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo.

19. (a) 4/25/44 (Date received local registrar) (b) Miss Margaret M. ... (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Palmyra R.F.D. 2 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944 hour 5 minute P.M.

I hereby certify that I attended the deceased from April 24th 1944 to April 24th 1944
that I last saw him alive on April 24 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease (coronary)
Death hastened by triple fracture of the skull & neck, sustained by accidently falling during a heavy storm, striking his head on a concrete walk.

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - 064
(b) Date of occurrence May 15-1944
(c) Where did injury occur at his home Palmyra, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home on porch steps
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature W. P. ... (M. D. or other) 1944
Address Palmyra, Mo. Date signed 4/25/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By me

....., Registered Apprentice No.
working under my personal supervision.

Signed

L L Wilson

Licensed Embalmer No. 3014

P. O. Address

Albion, Mich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.